

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 08/29/2012

0000195064 9/4/12

Number	Line	Line#	Description	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder Invoice Number	Total Amount
00307153	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013 08 0000091657	Adams, R. 8.20-8 470.00
Total For Voucher									470.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00307153
 Voucher Style: Regular

Invoice Number: Adams, R. 8.20-8.24.12
 Invoice Date: 08/23/2012
 Total: 470.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now ☐ Schedule Payments ☒

Payment Information

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 470.00 USD
 Discount: 0.00 USD
 Scheduled Due: 08/23/2012
 Net Due: 08/23/2012
 Discount Due:
 Accounting Date:

Find | View All | First | 1 of 1 | Last
 + -
 Discount Denied
 Late Charge

Payment Method

*Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group:
 *Handling: RE
 *Netting: N

Message will appear on remittance advice.

[Messages](#)

Summary Invoice Information Payments Voucher Attributes Error Summary

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Invoice Date: 08/23/2012

Voucher Style: Regular

Total: 470.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross 

Match Action

*Status:

Ready ☐ Pay Unmatched Voucher

Transaction Currency

*Source:

Tables 

*Currency: USD

Rate Type: CRRNT 

Exchange Rate:

1.00000000

Voucher Approval

*Approval:

Specify at this Level 

Business Process:

PROCESS_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur 

SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

NAME <u>Richard Adams</u>		CAR LICENSE NUMBER <u>GS1984</u>	POST OF DUTY <u>Ruidoso</u>	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER <u>97303</u>		MODEL <u>Nissan</u>	RESIDENCE: <u>Ruidoso</u>	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY <u>8am</u> TO <u>5pm</u>		YEAR <u>2011</u>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
8/20/12	7:00am		Depart Ruidoso to Santa Fe to meet with staff and Secretary Overnight Santa Fe rates apply*				135.00		135.00
8/21/12			Depart Santa Fe to T or C to meet with NMSVH staff Overnight				85.00		85.00
8/22/12			Overnight				85.00		85.00
8/23/12			Depart T or C to Santa Fe to meet with Secretary and OFM staff Overnight				135.00		135.00
8/24/12		7:00pm	Santa Fe rates apply* Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)									
ACTUAL <input type="checkbox"/>									
APPROVED RATES <input checked="" type="checkbox"/>									
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				TOTALS			470.00		470.00
				Advance Amount @ 80%					
Employee Signature				Date		Adjusted Reimbursement			

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

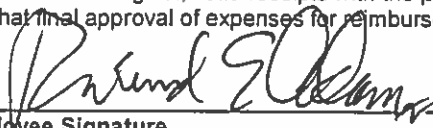
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meeting with staff at NMSVH in Truth or Consequences. and also Santa Fe with Cabinet Secretary				
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	08/20/12	Destination:	T or C, NM and Santa Fe		
	Departure Date: (month/day/yr)	08/20/12	Time:	07:00 AM	Return Date: (month/day/yr)	8/24/12
			Time:	07:00 PM		
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.


546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	2 @ \$85/day	\$ 170.00
546800: Registration – Vendor		Santa Fe Only:	2 @ \$135/day	\$ 270.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 470.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 470.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 8/23/12
Employee Signature _____ Date _____

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator _____ Date _____
(As per specific division requirements)

 8/21/12
Cabinet Secretary Signature _____ Date _____
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)